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33,082

May 17, 2001

Registration No. (Attorney/Agent)

Date

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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## UTILITY PATENT APPLICATION

H6810.0021/P021 Attorney Docket No. First Inventor Akira Sekine

IRA	NSMITTAL	Title	METHOD AND SYSTEM FOR, etc.						
(Only for new nonprovisional applications under 37 CFR 1.53(b)) Expres			ss Mail Label No.						
	LICATION ELEMENTS	n contents	Box Patent Application  ADDRESS TO: Commissioner for Patents ' Washington, DC 20231						
<del></del>	Form (e.g., PTO/SB/17)		7. CD-ROM or CD-R in duplicate, large table or	1					
(Submit an original	, and a duplicate for fee processing) s small entity status. 27. [Total Pages]	49 1	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	, •					
(preferred arrangement set forth below)  Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure  Total Sheets  Newly executed (original or copy)  Detailed Description (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or ii. papero  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of Attorney  11. English Translation Document (if applicable)  12. Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449  13. X Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. X Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6. Application Data	a Sheet. See 37 CFR 1.76								
Data Sheet under 37 Ci Continuation Prior application inforr For CONTINUATION or under Box 5b, is conside	Divisional Continua  mation: Examiner  DIVISIONAL APPS only: The en red a part of the disclosure of the ation can only be relied upon when	ation-in-part (( tire disclosur accompanyin a portion has	Group / Art Unit:  re of the prior application, from which an oath or declaration is supplied and continuation or divisional application and is hereby incorporated by a been inadvertently omitted from the submitted application parts.						
	19. (	ORRESPO	ONDENCE ADDRESS	_					
Customer Numl	ber or Bar Code Label		or X Correspondence address below						
Name	KSTEIN SHAPIRO MOF k J. Thronson	RIN & OS	HINSKY LLP						
Address 210	1 L Street NW								
City Was	shington	State	DC Zip Code 20037-1526						
Country US		Telephone	(202) 785-9700 Fax (202) 887-0689						

1294487 v1; RQTZ01!.DOC 1294487 v1; RQTZ01!.DOC

Name (Print/Type)

Signature

Mark J. Thronson

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## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

 Co	mplete if Known	
Application Number	Not Yet Assigned	
Filing Date	May 17, 2001	
First Named Inventor	Akira Sekine	
Examiner Name	Not Yet Assigned	
Group Art Unit	N/A	
 Attorney Docket No.	H6810.0021/P021	

TOTAL AMOUNT OF PAYMENT (\$) 1,710.00	0.00 Attorney Docket No.				H6810.0021/P021				
METHOD OF PAYMENT		FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. A	3. ADDITIONAL FEES					_		
Deposit Account Number 04-1073		e Entity		Small Entity					
		Fee (\$)	Fee Code	Fee (\$)	Fee Description		cription	Fee Paid	
Deposit Account	105	130	205	65	Surcharg	ge – late filing	fee or oath		
Name		50	227	25	Surcharg cover sh		isional filing fee or		
X Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27		130	139	130	Non-Eng	lish specifica	tion		
		2,520	147	2,520	For filing	iling a request for ex parte reexamination			
2. X Payment Enclosed	112	920*	112	920*	Requesti Examine		n of SIR prior to		
X Check Credit Card Money Order Other	113	1,840*	113	1,840*	Requesti Examine		n of SIR after		
FEE CALCULATION	115	110	215	55	Extensio	n for reply wi	thin first month		
1. BASIC FILING FEE	116	390	216	195	Extensio	n for reply wi	thin second month		
Large Entity Small Entity	117	890	217	445	Extensio	n for reply wi			
Fee Fee Fee Fee Description Fee Paid	118	1,390	218	695	Extensio	n for reply wi	thin fourth month		
101 710 201 355 Utility filing fee 710.00	128	1,890	228	945	Extensio	n for reply wi	thin fifth month		
106 320 206 160 Design filing fee	119	310	219	155	Notice of	f Appeal			
107 490 207 245 Plant filing fee	120	310	220	155	Filing a b	rief in suppo	rt of an appeal		
108 710 208 355 Reissue filing fee	121	270	221	135	Request	for oral heari	ng		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition t	o institute a p	public use proceeding		
SUBTOTAL (1) (\$) 710.00	140	110	240	55	Petition t	o revive – un	avoidable		
· · ·	141	1,240	241	620	Petition t	o revive - uni	ntentional		
2. EXTRA CLAIM FEES Extra Fee from below Fee Paid	142	1,240	242	620	Utility iss	ue fee (or rei	ssue)		
Total Claims 40 -20** = 20 X 18.00 = 360.00	143	440	243	220	Design is	ssue fee			
Independent		600	244	300	Plant iss	Plant issue fee			
Multiple Dependent =	122	130	122	130	Petitions	to the Comm	nissioner		
	123	50	123	50	Processi	ng fee under	37 CFR 1.17(q)		
Large Entity Small Entity	126	180	126	180			ation Disclosure Stmt		
Fee Fee Fee Fee Fee Description	581	40	581	40	property	(times numb	t assignment per er of properties)		
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3	146	710	246	355		ubmission af 1.129(a))	ter final rejection		
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each	additional in		-	
109 80 209 40 ** Reissue independent claims	179	710	279	355	Request	for Continue	d Examination (RCE)		
over original patent	169	900	169	900			examination		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent		of a design application Other fee (specify)							
SUBTOTAL (2) (\$) 1,000.00	*Redu	ced by B	asic Filin	g Fee P	aid	SUBTOT	AL (3) (\$)		
**or number previously paid, if greater; For Reissues, see above				-					
SUBMITTED BY						Complete (	if applicable)		
Name (print/type) Mark J. Thronson	Regist (Attorn	ration No. ey/Agent)	33,0	082		Telephone	(202) 775-4742	•	
Signature Man A		<del></del>	-			Date	May 17, 2001		